

**CALIFORNIA**  
**Department of Health Services**  
**Office of AIDS**  
**HIV Education and Prevention Services Branch**

**Request for Applications**  
**Number 2007-10**  
**Statewide HIV Counselor Training and Curriculum Development Program**

**ADDENDUM**  
**January 25, 2007**

**Original Release Date: January 18, 2007**



## TABLE OF CONTENTS

Schedule of Events .....	2
<b><i>I. HIV COUNSELOR TRAINING AND CURRICULUM DEVELOPMENT</i></b>	
1. Introduction .....	3
2. Purpose of Request for Applications (RFA).....	4
3. Contract Terms and Funding.....	4
4. Program Category Requirements.....	4
5. Agency Capability .....	11
<b><i>II. ANSWERS TO QUESTIONS ABOUT RFA SUBMISSION, REVIEW, EVALUATION AND SCORING PROCESS</i></b>	
1. Letter of Intent - Mandatory .....	12
2. Applicant Teleconferences – Optional.....	12
3. Application Submission Requirements.....	13
4. Required Content of Application.....	13
5. Application Submission Instructions.....	17
6. Application Evaluation Process .....	17
7. Pre-Decisional Site Visit.....	20
8. Notification of Intent to Award .....	20
9. Disposition and Ownership of the Application .....	20
10. Contract Award Appeal Procedures .....	21
11. Miscellaneous RFA Information .....	21
12. Contract Terms and Conditions.....	22
<b><i>III. ACRONYM DEFINITIONS</i></b> .....	24
<b><i>IV. APPENDIX</i></b> .....	25



## Schedule of Events

<u>Event</u>	<u>Date</u>
Request for Applications Release	January 18, 2007
Applicant's Teleconference Calls (Optional) January 29, 2007 from 1:00 p.m. to 2:00 p.m. (PST) January 30, 2007 from 9:00 a.m. to 10:00 a.m. (PST)	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b><u>CALL-IN INFORMATION</u></b>            Participants call into 1-866-709-4295            Participant Passcode: 1301447         </div>	
Answers to Teleconference Call questions posted on Office of AIDS website at <a href="http://www.dhs.ca.gov/AIDS">www.dhs.ca.gov/AIDS</a>	February 5, 2007
Deadline of Submitting Letter of Intent (Mandatory) <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	March 2, 2007
<b>Application Submission Deadline</b> <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	<b>March 15, 2007</b>
Pre-Decisional Site Visits (optional)	March 22, 2007
Release of Notice of Intent to Award posted on Office of AIDS website at <a href="http://www.dhs.ca.gov/AIDS">www.dhs.ca.gov/AIDS</a>	March 30, 2007
Appeal Deadline <i><u>To be delivered by express mail only</u></i> <i>Hand delivery, USPS, facsimile and e-mail not accepted</i>	April 16, 2007
Contract Start Date	July 1, 2007



**California Department of Health Services  
Office of AIDS  
HIV Education and Prevention Services Branch  
Request for Applications Number 2007-10  
Statewide HIV Counselor Training and Curriculum Development Program**

***I. HIV COUNSELOR TRAINING AND CURRICULUM DEVELOPMENT***

**1. Introduction**

Since 1985 human immunodeficiency virus (HIV) counseling services and antibody testing have been provided to clients at California Department of Health Services (CDHS), Office of AIDS (OA) funded test sites in public health clinics. The Counseling and Testing (C&T) Program provides administrative oversight and funding in 61 local health jurisdictions (LHJs). HIV test counselors are trained to provide high quality prevention counseling to assist at-risk individuals in reducing their risk for acquiring or transmitting HIV and learning their sero-status. It has been found that early knowledge of HIV infection and knowledge of sero-status is now recognized as a critical component in controlling the spread of HIV infection. HIV infected persons who are unaware of their infection may not reduce risk behavior and increase their risk for transmitting HIV to partners. It also has been found that many infected persons decrease behaviors that transmit infection to sex or needle sharing partners once they learn of their HIV-positive status. There are approximately 160,000 tests provided annually statewide through the HIV C&T Program with a budget of over \$9 million.

During the 1990's studies indicated that for persons at increased HIV risk certain prevention approaches can be effective in reducing high risk behaviors and new sexually transmitted infections (STIs). A client-centered, interactive counseling approach directed at the client's personal risk has been found to be more effective than a didactic, educational approach. In an effort to prioritize resources for those individuals at highest risk, CDHS/OA is piloting a two-tier option model to provide a less intensive intervention for lower risk clients while maintaining counseling services for high risk individuals. It is anticipated that this model will be implemented statewide on July 1, 2007.

Because working with HIV-positive persons is a prevention strategy to stop the spread of HIV, training is necessary to assist providers in developing effective interventions for this population. CDHS/OA has determined there is a need to provide integration and capacity building to develop more integrated networks of service providers necessary to support people living with HIV, making behavior changes to decrease risks of secondary exposure or transmission of HIV or other STIs and blood-borne infections such as Hepatitis B and C.



## 2. Purpose of Request for Applications

This Request for Applications (RFA) invites applications that intend to address the need for a training program designed to equip staff selected by local HIV C&T Coordinators to provide a high standard of counseling services in all CDHS/OA funded HIV C&T Programs. This training will develop a statewide cadre of skilled and informed counselors who will provide high quality, client-centered HIV prevention counseling in a culturally sensitive manner to a diverse population. Participants need the best training available in order to ensure consistent assessment, effective intervention and appropriate referrals to clients.

The Prevention with Positives (PwP) training and technical assistance component will be developed to ensure LHJs and community-based organizations (CBOs) providing individual-level interventions (ILIs) or comprehensive risk counseling services (CRCS) obtain appropriate training. This training is designed to be instrumental in assisting people living with HIV making behavioral changes and to decrease their risks of secondary exposure or transmission of HIV, acquired immune deficiency syndrome (AIDS), or other STIs and blood-borne infections (e.g., hepatitis C virus).

With this in mind, applicants are asked to provide a description of work and deliverables appropriate and achievable for the program.

## 3. Contract Terms and Funding

The HIV Counselor Training and Curriculum Development Program will be funded for \$1,000,000 per year for three years beginning July 1, 2007. Subject to the availability of funds, these funds will be awarded for fiscal year (FY) 2007/2008, FY 2008/2009, and FY 2009/2010.

California not for profit organizations, CBOs, and universities are eligible to apply for funds.

## 4. Program Category Requirements

The completed application is due no later than **5 p.m. on March 15, 2007.**

The following sections (A through F) describe the Program Requirements of the RFA. In the "Program Description" section of the application the applicant must state a plan to carry out the **Program Requirements as described in this section.**

### *Intended Audience*

The intended target audience is existing and potential counselors employed in CDHS/OA-funded HIV C&T Programs in LHJs and CBOs throughout California.



The PwP training and technical assistance component will be developed and targeted to LHJs and CBOs providing ILIs or CRCS.

### *Program Requirements*

#### A. Training

The CDHS/OA publicly-funded HIV C&T Program has developed a new program service model that now has two different levels of trained counselors: HIV Counselor I and HIV Counselor II. The entry-level HIV Counselor I can provide informed consent, administer a standard or rapid HIV test and a low-level intervention (brochure, video or provide a small group educational session) to lower risk clients. HIV Counselor I's can also provide HIV negative test results to lower risk clients, but they do not provide counseling services to high risk clients.

The HIV Counselor II is the journeyman level counselor who will be able to provide HIV prevention and risk-reduction counseling, HIV antibody testing and positive or negative results to all clients who request an HIV test regardless of their risk behavior.

All new beginning HIV counselors must be trained to develop skills that will enable them to interact with clients from diverse populations in a client-centered fashion. The specific training requirements will be discussed below for each type of counselor.

To be effective in conducting HIV counselor training requires curriculum development expertise and knowledge of adult learning methods. The contractor shall provide a detailed outline of the curriculum for each training component prior to the first training date. The curriculum must include:

- A state approved method of evaluating potential counselors' HIV knowledge prior to initial training. Contractor must comply with all prerequisites for trainees as established by CDHS/OA (see Attachment 1 for a copy of the current prerequisites);
- A state approved method of evaluating each counselor's knowledge, skills and demonstrated proficiency in rapid HIV testing;
- A testing component with a minimum standard to successfully pass the training and a record system to document successful completion of the training by each participant will be maintained by the contractor and reported to the California Department of Public Health (CDPH)/OA, which CDHS/OA will become effective July 1, 2007, within 30 days of the training and reported in quarterly progress reports;
- An evaluation of training in quarterly progress reports; and,
- The provision of a quarterly newsletter or other electronic mechanism of communication with counselors on relevant issues.



## 1. HIV Counselor I

Develop a one-day training for counselors who exclusively provide services to clients who perceive themselves to be at low risk. This training should cover topics as specified by the C&T model for this type of counselor as described below.

Because of the current changes in the overall C&T Program, the specific number of these trainings has not been determined at this time. A survey of LHJs will be done prior to the start of the training cycle to determine the number of participants and locations for this training. It is expected that there will need to be a minimum of 10 one-day sessions in various California locations each year.

An HIV Counselor I must be trained to provide all elements of the test and the low-level intervention. Training must cover the required topics:

- Training and evaluation on basic HIV knowledge, consent, window period and information on the testing process;
- Training on usage and discussion on evaluation of the Client Assessment Questionnaire (see Attachment 2 for a draft version of the questionnaire which is being piloted and instructions);
- Ensure that trainee has the knowledge and skill to provide a negative result to a low risk client and the ability to transition a high risk client if necessary;
- Be able to address a client's risk status;
- Have an understanding of program policies and procedures in the event that a client perceived themselves to be at low risk actually tests HIV-positive;
- Understanding of universal precautions; and,
- Provide rapid HIV testing proficiency training and exam.

The training should be interactive and include exercises to practice and demonstrate skill proficiency. The contractor shall develop and provide a detailed outline of the curriculum for CDPH/OA approval. Counselor I staff will also be required to attend an annual continuing education training (CET), therefore contractor must develop a training to meet this need.

## 2. HIV Counselor II

The contractor shall conduct three types of trainings for the HIV Counselor II. The stages of training are:

- The initial training component for new HIV Counselor II including proficiency in the rapid HIV test;



- Enhanced training for skill building three months after the initial training; and,
- Annual CET.

The schedule of classes will be determined in consultation with CDPH/OA staff.

A sufficient number of classes must be offered to meet the demand for training new counselors statewide. A minimum of 15 multi-day sessions will be required for the initial phase of training for new Counselor II staff. A minimum of 15 one-to two-day trainings will be required for the enhanced training.

a. Training for a New HIV Counselor II

This training is for new HIV Counselor II staff who must complete and pass the beginning course in order to provide HIV prevention C&T services. The initial course, a multi-day training component, must also include a rapid HIV testing proficiency exam for each trainee.

The training will provide the counselor with basic HIV knowledge, program protocols and counseling skills necessary to provide prevention C&T that includes:

- Knowledge of the clinical model used in CDHS/OA funded test sites;
- Knowledge and training on all forms required for providing services to a client, including the Counseling Information Form (see Attachment 3 for the form and instructions for completion);
- Counselors must be able to demonstrate proficiency in administering either a standard or rapid HIV test;
- Counselor should have knowledge of quality assurance protocols and universal precautions related to rapid HIV testing;
- Counselors will acquire knowledge of principles of client-centered counseling, risk assessment skill, risk behavior counseling and implementing behavioral counseling in a clinical setting;
- Counselor should acquire skills for providing effective interventions with resistant or repeat testing client including, but not limited to, motivational interviewing;
- Counselor should be able to demonstrate the ability to provide an in-depth disclosure session for high risk and HIV positive clients;
- Knowledge and experience with providing all essential components of a counseling program including social service referrals and partner counseling and medical referrals for HIV positive clients; and,
- Counselor must be evaluated and have successfully completed the class and have demonstrated the required counseling skills through role plays or some other interactive activity.



The contractor shall provide a detailed outline of the curriculum for each training component.

b. Enhanced skill building modules for experienced counselors

An additional subsequent training is required three months from the initial training. The purpose of this training is to supplement and enhance the counseling techniques that were presented during the initial training. Counselors must pass this training to be fully certified. Successful completion of this course qualifies counselors to attend the required annual CETs. Contractor must have a mechanism to evaluate that counselors have successfully completed the class and have demonstrated the required counseling skills.

c. Continuing Education Training for experienced counselors

This annual training is required for all experienced counselors. Completing an annual update either in person or through an on-line training is required in order to continue providing C&T services. The purpose of the annual CET is to enhance and maintain counselor skills, knowledge and provide new information on emerging trends in HIV. Contractor must provide 20 face-to-face CETs and 15 on-line CETs annually

For on-line training, up-to-date technology should be used to design the course in units that can be completed separately for staff that cannot access a computer for a continuous timeframe as designated by the course requirement. The on-line training should have a testing component at the end of each unit, with a minimum standard to successfully pass the unit.

The contractor must continuously develop new annual trainings to provide continuing education for HIV testing counselors. CDHS/OA is firmly committed to the use of technology to provide CETs to experienced counselors and requests a plan from applicants for the development of new CETs, on-line annually.

d. Bilingual Training Requirements

A curriculum must be developed in Spanish for the Counselor I and Counselor II training. This training must be provided for a minimum of at least two bilingual training cycles per year in addition to the 15 in English.

e. PwP Training

The contractor will develop a two-day training that addresses at least the following components:



- Identification of behavioral risks that can transmit HIV, STIs and blood-borne infections;
- Illustrations of the continuum of HIV disease<sup>1</sup> and the common medical and psycho-social needs at each point on the continuum;
- Identification of psycho-social issues that influence behavioral choices;
- Identification of services and resources that attend to psycho-social issues that influence behavioral choices; and,
- Strategies to develop a network of providers to utilize in responding to people living with HIV to address the psycho-social issues that impede successful behavior change.

After the formative phase and pilot of the training, the contractor will deliver 12 two-day trainings per year: three each for northern and central California and six for southern California.

The contractor will also provide on-site technical assistance to LHJs and CBOs providing ILIs or CRCS, where the PwP provider will bring their network of providers together to strategize efficient and effective means to collaborate, refer and assure that clients can access the needed services in a timely and coordinated fashion. After the formative phase and pilot of the technical assistance intervention, the contractor will provide technical assistance to 15 LHJs or CBOs per year: one each for northern, central and southern California.

#### f. Counseling for Medical Professionals

The contractor must develop and provide 15 one-day trainings in HIV prevention counseling skills for medical professionals. These trainings are intended to provide medical professionals (physicians, nurses and other disciplines) working in non-CDHS/OA funded sites with the skills necessary to offer basic risk-reduction counseling and HIV prevention information to people testing for HIV in their sites. This training must meet requirements in order to offer continuing medical educational credits for completion of the course. The contractor will work with CDPH/OA to market this course to appropriate trainees.

### B. Materials Developments

The contractor shall provide written trainer and participant manuals for each type of training. All curricula must be approved by CDPH/OA. The applicant must submit all revisions for approval by CDPH/OA. Both training and participant manuals must be approved prior to training commencement. The State shall have ownership of

---

<sup>1</sup> Continuum of HIV disease: Low risk HIV negative individuals; High risk HIV negative individuals; Sero-converting individuals; HIV+ individuals who do not know it; Newly diagnosed HIV+ individuals; Asymptomatic people living with HIV; Symptomatic people living with HIV; People diagnosed with an AIDS-defining illness or condition; People with end-stage AIDS.



intellectual property and materials developed under the training contract. Except as provided in the subsequent scope of work, the contractor shall not use licensed materials without prior written permission of the State. Contractor will develop on-line training course topics in consultation with CDPH/OA.

#### C. Promotion

Contractor must coordinate with CDPH/OA staff regarding scheduling various, multiple counselor training classes throughout the State. A website must be provided for trainees to register for classes. Contractor should have the capability to track registration for each type of training. Because trainees will register for classes through this means, the website must be able to link to the most current CDPH/OA internal website for CDPH/OA to review counselor status and to compile statistics.

#### D. Staffing

Contractor shall hire staff with a Masters-level degree in social work, clinical psychology or counseling or a Masters-level degree in a closely related health field with experience in providing HIV education and prevention counseling as well as training. In certain circumstances, staff without a Masters-level degree will be permitted as trainers after demonstrating a commensurate level of experience as determined by OA. Job descriptions for all staff involved with contract must be submitted. In order to provide a high standard of quality training, the contractor must have a training cadre with extensive prevention counseling expertise and capacity to develop and deliver trainings for both new and experienced HIV counselors.

The cadre of training professionals must have the knowledge, skills and capacity to effectively communicate to trainees the complex counseling issues, counseling modalities and HIV testing technology. They must also have the ability to provide case consultation and support for counselors in addition to skill building for experienced counselors. Training staff must have extensive knowledge of HIV/AIDS information, prevention activities, behavioral counseling for STI/HIV risk reduction and the ability to communicate intervention strategies to trainees from diverse cultural backgrounds and varying educational levels.

PwP training staff must have extensive experience working with HIV-positive clients and develop the trainings with an understanding and sensitivity towards this clientele.

Contractor must provide for an independent quality assurance component to evaluate trainers for both the counseling and PwP trainings.

#### E. Program Evaluation and Data Collection

The contractor shall provide an Evaluation Plan that will include process and outcome measures of the trainings and technical assistance. The Evaluation Plan



must include data collection methods and quality assurance measures. The Evaluation Plan must include follow-up with participants to determine the longer term impact of the activities.

#### F. Implementation

Applicants are required to provide a first-year plan for the development and implementation of curriculums, trainings, Training of the Trainer classes, and on-line CETs. .

### 5. **Agency Capability**

The applicant must describe the organization's qualifications to undertake the proposed work in this section of the application. The contractor must have the following capacities:

- A. Experience in curriculum development for a wide array of counselor training components dependent upon program requirements;
- B. Ability to develop and provide a participant manual for each type of training;
- C. Ability to translate the curriculum into an effective trainer manual;
- D. Technical staff capable of designing on-line courses;
- E. A training cadre that has the capacity, knowledge and required skills to provide skill building training to develop, maintain and enhance counseling skills for all HIV counselors;
- F. A training cadre that has the ability to train counselors to engage in interventions with resistant or repeat testing clients which may include motivational interviewing techniques;
- G. Expertise and in-depth knowledge of principles of client-centered counseling, risk assessment skill, risk behavior counseling, implementing behavioral counseling in a clinical setting, and experience with providing all essential components of a counseling program including social service referrals and partner counseling and medical referrals for HIV-positive clients;
- H. Ability to fully elucidate their training philosophy in regards to HIV C&T and prevention;
- I. Experience with training methodology on intervention techniques, motivational interviewing and client-centered counseling skills for training prevention counselors;
- J. Extensive knowledge of HIV/AIDS transmission trends, rapid HIV testing procedures, risk assessment, risk reduction, counseling guidelines and cultural issues to provide quality training, skill building and quarterly communications with new and experienced counselors;
- K. Extensive experience in training on HIV prevention, state HIV legislation and policy, HIV testing procedures and HIV epidemiology in order to train HIV counselors; and,
- L. Experience in providing written educational material on HIV/AIDS topics applicable to counseling situations.



## ***II. Instructions for RFA Submission and Answers to Questions about Review, Evaluation and Scoring Process***

### **1. Letter of Intent - Mandatory**

Prospective applicants are required to submit a letter not longer than 2 pages to CDHS/OA indicating that they intend to submit an application in response to the RFA. The Letter of Intent must be typed on the agency's letterhead and signed by an official authorized to enter into a contractual agreement on behalf of the agency. The Letter of Intent must include the name of the RFA for which the applicant is applying and brief descriptions of both the applicant agency and of the program the agency is proposing in response to the RFA. The Letter of Intent must also include the applicant's name and the names of any collaborating partners, the name of the contact person at the agency, and the address, telephone, fax number, and e-mail address of the contact person.

**The Letter of Intent must be postmarked by March 2, 2007 and mailed via express mail to:**

<b>Express Mail Address</b>
California Department of Health Services Office of AIDS MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-10 HIV C&T Training Attn: Schenelle Flores

Hand delivery, facsimile, USPS mail, and e-mailed deliveries will not be accepted.

### **2. Applicant Teleconferences (Optional)**

Two applicant teleconferences are scheduled in order to answer applicant questions and guide them through the application process. If, upon reviewing this RFA, a potential applicant has any questions regarding this RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the applicant should notify CDHS/OA through one of these applicant teleconferences. The calls are scheduled for:

January 29, 2007 from 1:00 p.m. to 2:00 p.m. (PST)  
 January 30, 2007 from 9:00 a.m. to 10:00 a.m. (PST)

#### **CALL-IN INFORMATION**

Participants call into: 1-866-709-4295  
 Participant Passcode: 1301447



All questions and responses will be available on the CDHS/OA website at [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS) on February 5, 2007. Specific inquiries determined to be unique to an applicant will be responded to the requestor only.

If a prospective applicant fails to notify CDHS/OA of any problem or question known to an applicant by the date indicated in this section, the applicant shall submit an application at their own risk. Prospective applicants are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by CDHS/OA.

### **3. Application Submission Requirements**

Entities intending to submit an application are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the deliverables outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and any written RFA addendum issued by CDHS/OA.

An original plus three hard copies of the entire application, including attachments, must be submitted to CDHS/OA. Upon award of the contract, a copy of the Scope of Work must be submitted electronically in Microsoft Word 97 or higher.

All forms and attachments that require signatures must be signed in blue ink for inclusion in the original application. The three additional copies may reflect photocopied signatures.

The format must allow at least one-inch margins at the top, bottom, and sides. All pages must be numbered sequentially. The size of the lettering must be at least an 11-point font.

### **4. Required Content of Application**

The following is the order in which sections in the application must be submitted. A complete application package (A-M) must be submitted. A brief description of each section to be included is given below:

#### **A. Application Cover Sheet**

Complete the application cover sheet (Attachment 4 in the Appendix section of this RFA). This sheet will serve as the cover page of the application.

#### **B. Table of Contents**

Include a Table of Contents immediately after the cover sheet. The Table of Contents must display page numbers for each section listed.



C. Executive Summary (up to 2 pages total)

Include an executive summary of up to two pages which describes:

1. The applicant organization's mission;
2. The applicant's key personnel and descriptions of how they will be involved in the project;
3. The agency capability;
4. A brief summary of the proposed program; and,
5. How the proposed program will be integrated into the agency's current activities

D. Program Description/Scope of Work

**Up to 15 pages for each year, 45 pages total**

Provide a Program Description **covering the three year contract period, from July 1, 2007, to June 30, 2010.** This section must include complete descriptions of your plan to carry out the **Program Requirements as described in Section I, 4** of this RFA. All activities and deliverables described in this RFA must be included in the Program Description.

E. Agency Capability (up to 3 pages total)

This section must describe your organization's qualifications to undertake the proposed work. **Key considerations are outlined in Section I, 5 of this RFA.**

Describe how your agency meets the experience and skill requirements listed in the Agency Capability section of this RFA. Provide examples which demonstrate:

- 1) Agency capability and commitment to perform the requirements described in the Program Description section of this RFA; and,
- 2) Agency capability and experience in ensuring timely and appropriate implementation of a project.

Include a brief history that includes date of establishment of the agency/organization, relevant past accomplishments and current projects.

If subcontractors will be used (consultant or subcontracting agency), identify the added contribution that each would make to the achievement of the objectives of this RFA beyond the resources of the agency. Describe the history and qualifications of the proposed subcontractors identified to undertake the duties required. **Include a Letter of Intent from each proposed subcontractor in the appendix section of the application.**

F. Collaboration (up to 3 pages total)

Describe agency experience with networking and establishing collaborative partnerships with other service providers. Describe how proposed program will



collaborate and develop a linked network of services with other organizations, including LHJs.

G. Personnel (up to 5 pages total)

This section must describe how the project will be staffed. Brief job descriptions for all staff involved with the contract should be included. Describe the personnel policies and procedures which exist within your organization to assure that qualified staff are recruited, well trained and supervised. **Include the resumes of key project staff in the appendix section of the application.**

Provide an agency organizational chart that indicates:

1. The lines of authority and reporting relationships;
2. Which staff member will support each of the project's components; and,
3. An explanation of the roles or functions that each staff person performs.

Applicants who plan to use specially qualified experts as consultants, aside from regular project staff, must identify these individuals and describe the need for hiring a consultant, the specific responsibilities of the consultant, and the number of contracted hours and costs associated with hiring a consultant for the project.

If the project includes a subcontractor(s), the applicant must describe exactly what responsibilities the subcontractor will assume and how their performance will be monitored by the applicant. All subcontractor(s) should be listed by name and address in the application. Notwithstanding the existence of any subcontractors, the selected applicant will be ultimately responsible for performance of all terms and conditions under the resulting contract.

CDHS/OA reserves the right to approve changes in subcontractor selection and to approve changes in staffing after a contract is awarded.

H. Evaluation (up to 5 page total)

This section must specify the results you expect from the planned program. Include brief descriptions of proposed evaluation methodologies and suggested evaluation tools that will facilitate your program's ability to determine aspects of the program that are working well and components that need improvement over time. Include process and outcome measures for each of the planned activities. Describe your data collection methods and how you will use the results of your evaluation.

I. Time Line (no page limit)

Provide a timeline that indicates dates when activities will be accomplished. The timeline should include all activities outlined in this RFA.



J. Budget (no page limit)

Provide a detailed Budget for each FY, covering the period from July 1, 2007 to June 30, 2010.

The Detailed Budget (sample format in Appendix section of this RFA, Attachment 5) must list the eight categories in the following order: Salaries, Fringe Benefits, Operating Expenses, Expenses, Travel and Per Diem, Subcontractors, Other Costs and Indirect Costs.

Please Note: The cost of developing the application for this RFA is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

K. Budget Justification Narrative (no page limit)

Provide a Budget Justification Narrative for each FY, covering the period from July 1, 2007 to June 30, 2010, **in which you explain your proposed plan for CDPH/OA funds.**

The Budget Justification Narrative should explain and justify in a narrative format each detailed budget line item. For example, the salaries line item should list each position that is funded under this budget. If known, include the actual staff name. Include a brief explanation of each position's major responsibilities. For the operating expenses category, provide a general description of expenses included in the budget line item.

See Attachment 6 in the Appendix section of this RFA for a description of what each line item should include.

L. Required Forms/Documentation/Appendices

1. Resumes of Key Staff.
2. Organizational Chart.
3. A copy of the agency's current budget.
4. Agency Information Sheet (Please refer to Attachment 7 in the Appendix section of this RFA).
5. Payee Data Record (Please refer to Attachment 8 in the Appendix section of this RFA).
6. Copy of the most recent independently audited financial report.
7. Letter of Intent from proposed subcontractors, if any.

M. Application Certification Checklist

Complete the Application Certification Checklist (Attachment 8 in the Appendix section of this RFA). This sheet will serve as the guide to make certain that the



application package is complete, and to ensure that the required documents are organized in the correct order.

## 5. Application Submission Instructions

An original plus three hard copies of the entire application, including attachments, must be submitted to CDHS/OA.

**Applications must be received by CDHS/OA no later than 5 p.m. March 15, 2007, at the address below.**

Express Mail Address
California Department of Health Services Office of AIDS MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-10 HIV C&T Training Program Attn: Schenelle Flores

**Only applications that are sent by Express Mail will be accepted.** Hand delivery, facsimile, USPS or e-mail will not be accepted.

## 6. Application Evaluation Process

Shortly after the application submission deadline, CDHS/OA will evaluate each application to determine the responsiveness to RFA requirements as compared to other applications received. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. **Late applications will not be reviewed.** Late applications will be returned to the applicant.

CDHS/OA may reject any or all applications and may waive any immaterial defect in any application. CDHS/OA's waiver of any immaterial defect shall in no way excuse the applicant from full compliance with the contract terms if the applicant is awarded the contract.

### A. Grounds for Rejection

Circumstances that will cause an application package to be deemed non-responsive include:

1. The application is received after the deadline set forth in this RFA;
2. Applicant failed to submit a Letter of Intent by the deadline required by this RFA;



3. Failure of the applicant to complete and sign all required forms and attachments as instructed in this RFA or as instructed in the attachments;
4. Failure to meet format or procedural submission requirements;
5. Applicant provides inaccurate, false, or misleading information or statements;
6. Applicant is unwilling or unable to fully comply with proposed contract terms;
7. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities; and,
8. Applicant does not meet the minimum qualifications set forth in this RFA.

CDHS/OA may, at its sole discretion, correct any obvious mathematical or clerical errors.

CDHS/OA reserves the right to reject any or all applications without remedy to the applicants. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of CDHS/OA, none of the applications meet CDHS/OA's needs.

#### B. Application Review Process

Applications that meet the format requirements, minimum qualifications and that contain all of the required forms and documentation will be submitted to an evaluation committee assembled by CDHS/OA who will assign numeric scores to each responsive application. Each application will be reviewed and scored in each category listed below in comparison to all applications received based upon the adequacy and thoroughness of its response to CDHS/OA's needs and the RFA requirements.

Six (6) evaluation criteria are shown below along with the maximum number of points possible. Application scores may range from 0-100 points.

Only applications receiving a score of 70 points or more will be considered for funding. Applications receiving a score of less than 70 points will be considered technically deficient and will not be considered for funding. There is no guarantee that scoring above 70 will result in funding or funding at the level indicated.

<b>Category</b>	<b>Maximum points</b>
Program Description/Scope of Work	40
Agency Capability	10
Collaboration	10
Personnel	15
Evaluation	15
Timeline, Budget and Budget Justification	10
<b>Total</b>	<b>100</b>



### C. Application Evaluation Criteria

Examples of general evaluation criteria are included below. These general questions are to provide an overall idea of a more specific evaluation tool that will be used to provide a numeric score to each accepted application. Additionally, each application will be scored based on how it compares to all accepted applications. Criteria will include the following:

#### *Program Description/Scope of Work*

- To what extent are all of the key deliverables identified? To what extent are the key deliverables clear, realistic, and achievable?
- To what extent are the timelines clear, realistic, and achievable for the proposed work?
- To what extent are the proposed goals clear and appropriate for the required activities identified in this RFA?

#### *Agency Capability*

- To what extent does the application and any proposed subcontractor(s) provide examples of prior work that demonstrate the ability of the applicant's organization to undertake the proposed work and meet applicant qualifications?
- To what extent does the applicant and any proposed subcontractor(s) demonstrate capability and experience in HIV testing?

#### *Collaboration*

- To what extent has the applicant and any proposed subcontractor(s) identified collaborations with CBOs, public health programs, academic institutions, community clinics, LHJs and/or other ancillary service providers?
- Does the program plan appropriately address collaborations for the plan's target audience?

#### *Personnel*

- To what extent does the applicant and any proposed subcontractor(s) adequately demonstrate that personnel policies and practices assure that well qualified staff are hired and retained for positions and, based on the resumes provided, to what extent are the qualifications of proposed staff appropriate for this project?
- To what extent does the applicant and any proposed subcontractor adequately describe how the project will be organized and staffed? Are subcontractor responsibilities outlined and does the applicant describe how the subcontractors' performance will be monitored?



### *Evaluation*

- To what extent has the applicant and any proposed subcontractor(s) described an evaluation plan that will be able to adequately monitor the impact that the project has on HIV and hepatitis risk behavior in the LHJ?
- To what extent are the evaluation timelines clear, realistic, and achievable for the proposed work?
- To what extent is the evaluation instrumentation clear, realistic and appropriate for the populations and activities targeted?
- Has trainee feedback and input into the program been accounted for in the evaluation plan?

### *Budget and Budget Justification*

- To what extent is the Budget reasonable for the proposed quantity and quality of activities in the scope of work?
- Does the Budget Justification provide the level of detail requested in this RFA?

## **7. Pre-Decisional Site Visit**

In the event that multiple applicants scores are in close proximity, CDHS/OA may conduct Pre-Decisional Site Visits to those applicants. The visits will be conducted by a subcommittee of the review panel and will address issues of agency capacity, competence and readiness to fulfill the activities outlined in an applicant's submission.

## **8. Notification of Intent to Award**

Notification of the State's intent to award a contract will be posted online at the CDHS/OA website on March 30, 2007 at [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS) that identifies the contractor awarded the program. Additionally, a letter will be mailed to all applicants notifying them as to the status of their application.

## **9. Disposition and Ownership of the Application**

All materials submitted in response to this RFA will become the property of CDHS/OA and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). CDHS/OA shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, CDHS/OA shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (privileged official record) and 1060 (privileged trade secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.



## 10. Contract Award Appeal Procedures

An applicant who has submitted an application and was not funded may file an appeal with CDHS/OA. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete.

Appeals shall be limited to the following grounds:

- A. CDHS/OA failed to correctly apply the standards for reviewing the format requirements or evaluating the applications as specified in the RFA.
- B. CDHS/OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by express mail and received by CDHS/OA **by April 16, 2007**, at the following address. Hand delivery, facsimile, USPS or e-mail will not be accepted.

Express Mail Address
Kevin Farrell, LCSW, Chief HIV Education and Prevention Services Branch Office of AIDS California Department of Health Services MS 7700 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814 RFA 2007-10 HIV C&T Training Program Appeal

At his sole discretion, the Chief of the HIV Education and Prevention Services Branch, or his designee, may hold an appeal hearing with each appellant and then come to a decision based on the combination of the written appeal letter and the evidence presented at the hearing. The decision of the Chief of the HIV Education and Prevention Services Branch, or his designee, shall be the final remedy. Appellants will be notified in writing within 15 days of their hearing date or the consideration of the written appeal letter if no hearing is held.

CDHS/OA reserves the right to award the contract when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDHS/OA.

## 11. Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by CDHS/OA to award a contract. CDHS/OA reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of CDHS/OA to do so.



The award of a contract by CDPH/OA to an entity that proposes to use subcontractors for the performance of work under the resulting contract shall not be interpreted to limit CDPH/OA's right to approve the selection of subcontractors.

In the event a contract is entered into, but later terminated, CDPH/OA may enter into a contract with the available entity or organization having the next highest score in the evaluation process and so on for completing the remaining contract work.

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an applicant's response, such inconsistencies or conflicts will be resolved by first giving precedence to the contract, then to this RFA, any addenda, and last to the applicant's response.

As provided under the Public Contract Code governing contracts awarded by competitive bid, CDPH/OA reserves the right, after contract award, to amend the resulting contract as needed throughout the term of the contract to best meet the needs of all parties.

The cost of developing applications is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

## **12. Contract Terms and Conditions**

The successful applicant must enter into a contract that may incorporate, by reference, this RFA as well as the applicant's response to this RFA, program description, detailed budget, and standard State contract provisions. Please refer to Attachment 9 for a Sample Contract. It is suggested that applicants carefully review this Sample Contract for any impact on your application and/or to determine if the agency will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

All successful applicants must adhere to the Centers for Disease Control and Prevention requirements regarding the establishment of an educational materials review and approval process if they plan to develop new educational materials for this project. Each applicant will be required to identify a Program Review Panel to review and approve all HIV/AIDS/STD educational printed or electronic materials, pictorials, and audiovisuals. Standing Program Review Panels are available for applicants' use, or programs may appoint their own panels. Program Review Panels should include at least five individuals that represent a reasonable cross-section of the general population. Panels that review materials intended for a specific audience should draw upon expertise of individuals that can represent the community served, and an awareness of the cultural sensitivities and the language of the intended audience in order to consider the appropriateness of the messages. The applicant must keep on file for CDPH/OA's review, documentation regarding each piece of educational material reviewed and approved by the Program Review Panel. In addition to printed materials,



applicants are required to inform Internet users of the content and nature of information that is contained on a website funded under this RFA.

Individual meetings with CDHS/OA and each selected contractor shall take place within 60 days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of contract purposes, terms, budgets, timelines, and related issues.

Refer to Attachment 9, Sample Contract, for additional contractual information.



### ***III. ACRONYM DEFINITIONS***

AIDS:	Acquired Immunodeficiency Disease Syndrome
C&T:	Counseling and Testing
CBO:	Community Based Organization
CDHS:	California Department of Health Services
CDPH:	California Department of Public Health
CET:	Continuing Education Training
CRCS:	Comprehensive Risk Counseling and Services
FY:	Fiscal Year
HIV:	Human Immunodeficiency Virus
ILI:	Individual Level Intervention
LHJ:	Local Health Jurisdiction
OA:	Office of AIDS
PwP:	Prevention with Positives
RFA:	Request for Application
STI:	Sexually Transmitted Infection



**IV. APPENDIX**

Attachment 1:	CDHS/OA Current Trainee Prerequisites
Attachment 2:	Client Assessment Questionnaire with Instructions
Attachment 3:	Counseling Information Form with Instructions
Attachment 4:	Application Cover Sheet
Attachment 5:	Sample Detailed Budget
Attachment 6:	Budget Narrative Descriptions
Attachment 7:	Agency Information Sheet
Attachment 8:	Payee Data Record
Attachment 9:	Application Certification Checklist
Attachment 10:	Sample Contract